

Custom Fit Therapies

Julie A Venn
101 5th St. NE
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253.833.8835

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of the Notice of Privacy Practices for the office of Custom Fit Therapies and Julie A. Venn. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services or in the performance of office health care operations. The Notice of Privacy Practices also describes my rights and the responsibilities and duties of the office with respect to my protected health information. The Notice of Privacy Practices is also posted in the facility.

Custom Fit Therapies and Julie A. Venn reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. If privacy practices change, I will be offered a copy of the revised Notice of Privacy Practices at the time of my first visit after the revisions become effective. I may also obtain a revised Notice of Privacy Practices by requesting that one be mailed to me.

Name of Patient or Personal Representative

Date

Signature of Patient or Personal Representative

Description of Personal Representatives Authority

OFFICE USE ONLY BEYOND THIS LINE

Record of Acknowledgement not obtained
PROVIDED PRIOR TO TREATMENT _____ YES _____ NO

DATE PROVIDED: _____

REASON FOR DENIAL: _____ Needed more time to review notice of privacy practices.

_____ Wanted to consult with another person, before signing.

_____ Reason not given.

_____ Other (Explain): _____
